

2033 Gateway Place
Suite 400
San Jose, CA 95110
Tel. (408) 392-9250
Fax. (408) 392-9262

2402 Michelson Drive
Suite 210
Irvine, CA 92612
Tel. (949) 752-7040
Fax (949) 752-7049

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FACSIMILE COVER

Date:	March 9, 2007		
To:	Examiner Jes F. Pascua	Fax Telephone #:	571-273-8300
	United States Patent and Trademark Office	Office Telephone #:	571-272-4546
From:	Jon Y. Ikegami	Date Sent:	March 9, 2007
Subject:	U.S. Application Serial No. 10/723,376		
Our Ref. No.:	M-16842-4P US	Fax Operator:	

This transmittal consists of 13 total page(s), including this cover sheet.

<p align="center">CERTIFICATE OF TRANSMISSION I hereby certify that this Fee(s) Transmittal is being facsimile transmitted to the USPTO (571) 273-8300, on March 9, 2007 By: <u>Sheila Badon</u> Sheila Badon</p>
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Re: U.S. Application Serial No. 10/723,376
Entitled: Self Supporting Storage Bag with Resealable Pour Spout
Date Filed: November 26, 2007
Inventor: Alan D. Olin and Diana S. Olin
Attorney Docket No. M-16842-4P US (Formerly: 356973-991201)

Enclosed:

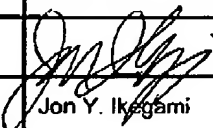
- Transmittal (1 pg);
- Fee(s) Transmittal (1 pg);
- Response to Final Office Action (8 pgs);
- Terminal Disclaimer over patent no. 6,857,779 (1pg);
- Terminal Disclaimer over patent no. 7,011,448 (1pg);
- Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address. (1pg).

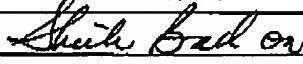
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/723,376	RECEIVED CENTRAL FAX CENTER MAR 09 2007
	Filing Date	November 26, 2003	
	First Named Inventor	Alan D. Olin	
	Art Unit	3727	
	Examiner Name	Jes F. Pascua	
Total Number of Pages in This Submission	12	Attorney Docket Number	M-16842-4P US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final (8 pgs) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> (2) Terminal Disclaimers <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet to Examiner
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	MacPherson Kwok Chen & Heid LLP		
Signature			
Printed Name	Jon Y. Ikegami		
Date	March 9, 2007	Reg. No.	51,115

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Sheila Badon	Date	March 9, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number 10/723,376
Filing Date November 26, 2003
First Named Inventor Alan D. Olin
Examiner Name Jes F. Pascua
Art Unit 3727
Attorney Docket No. M-16842-4P US

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METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
- ☒ Deposit Account Deposit Account Number: 50-2257 Deposit Account Name: MacPherson Kwok Chen & Heid LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
_____ -20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
_____ - 3 or HP= _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

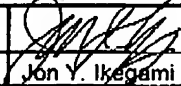
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2 - Terminal Disclaimers @ \$65.00 each

Fees Paid (\$)
130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	51,115	Telephone	408-392-9250
Name (Print/Type)	Jon Y. Ikegami	Date	March 9, 2007		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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